

United States Bankruptcy Court
Western District of New York

In re:
Jamien L. Gaddis
Debtor

Case No. 19-11649-PRW
Chapter 13

CERTIFICATE OF NOTICE

District/off: 0209-1
Date Rcvd: Apr 06, 2021

User: admin
Form ID: pdfattch

Page 1 of 2
Total Noticed: 3

The following symbols are used throughout this certificate:

Symbol	Definition
+	Addresses marked '+' were corrected by inserting the ZIP, adding the last four digits to complete the zip +4, or replacing an incorrect ZIP. USPS regulations require that automation-compatible mail display the correct ZIP.

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Apr 08, 2021:

Recip ID	Recipient Name and Address
db	+ Jamien L. Gaddis, 10 wayne Terrace, Unit 21, Buffalo, NY 14225-1062
	+ Shadi Ghaith Inc., 2 Blue Slip Unit 25C, Brooklyn, NY 11222-7390

TOTAL: 2

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

Electronic transmission includes sending notices via email (Email/text and Email/PDF), and electronic data interchange (EDI). Electronic transmission is in Eastern Standard Time.

Recip ID	Notice Type: Email Address	Date/Time	Recipient Name and Address
smg	+ Email/Text: ustpreion02.bu.ecf@usdoj.gov	Apr 06 2021 18:26:00	Office of the U.S. Trustee, 300 Pearl Street, Suite 401, Olympic Towers, Buffalo, NY 14202-2523

TOTAL: 1

BYPASSED RECIPIENTS

The following addresses were not sent this bankruptcy notice due to an undeliverable address, *duplicate of an address listed above, *P duplicate of a preferred address, or ## out of date forwarding orders with USPS.

NONE

NOTICE CERTIFICATION

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed .R. Bank. P.2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Apr 08, 2021

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on April 6, 2021 at the address(es) listed below:

Name	Email Address
Aleksandra Krasimirov Fugate	on behalf of Notice of Appearance Creditor M&T Bank afugate@woodsoviatt.com bkinbox@woodsdefaultservices.com
Brittany J. Maxon	on behalf of Notice of Appearance Creditor M&T Bank bmaxon@woodsdefaultservices.com bkinbox@woodsoviatt.com
Catherine N. Eisenhut	on behalf of Creditor Synder Court Condominium Board of Managers ceisenhut@phillipslytle.com
Julie Philippi	

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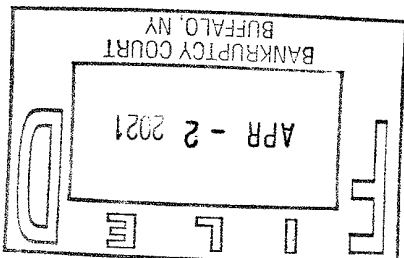
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Total Noticed: 3

ecfbuffalo13@gmail.com jphilippi13@ecf.epiqsystems.com

Paul S. Walier

on behalf of Debtor Jamien L. Gaddis walierpattorney@verizon.net

TOTAL: 5



Fill in this information to identify the case:

Debtor 1 Jamien L. Gaddis

First Name Middle Name Last Name

Debtor 2 _____

First Name Middle Name Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: WEST District of NEW YORK

(State)

Case number: 19-11649

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s) named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$2,746.67
Claimant's Name:	SHADI GHATH INC as assignee Jamien L. Gaddis
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2 BLUE SLIP UNIT 25C BROOKLYN NY 11222 (347)-768-1752 Viralbeastmedia@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.

☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.

☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).

☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.
² The Applicant is the party filing the application. The Applicant and Claimant may be the same.
³ The Owner of Record is the original payee.

<p>4. Notice to United States Attorney</p> <p><input checked="" type="checkbox"/> Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:</p> <p>Office of the United States Attorney for the Western District of New York 138 Delaware Avenue Buffalo New York 14202</p>	
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<p>5. Applicant Declaration</p> <p>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.</p> <p>Date: _____</p> <p>Signature of Applicant (if applicable) _____</p> <p>Printed Name of Applicant _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>	<p>5. Co-Applicant Declaration (if applicable)</p> <p>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.</p> <p>Date: _____</p> <p>Signature of Co-Applicant (if applicable) _____</p> <p>Printed Name of Co-Applicant (if applicable) _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
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<p>6. Notarization</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this <u>03</u> day of <u>28</u>, 20<u>21</u> by _____</p> <p>who signed above and is personally known to me (or the person whose name is subscribed to the within instrument, WITNESS my hand and official seal.</p> <p>Notary Public _____ (SEAL)</p> <p>My commission expires: _____</p>	<p>6. Notarization</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this <u>03</u> day of <u>28</u>, 20<u>21</u> by _____</p> <p>who signed above and is personally known to me (or the person whose name is subscribed to the within instrument, WITNESS my hand and official seal.</p> <p>Notary Public _____ (SEAL)</p> <p>My commission expires: _____</p>
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CONSTANTINOS KOMINOS
Notary Public, State of New York
Reg. No. 01K06180349
Qualified in New York County
Commission Expires 01/07/2024